

TOWN OF SOUTHAMPTON

Department of Land Management
Licensing Review Board
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 702-1826
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JAY SCHNEIDERMAN
TOWN SUPERVISOR

KYLE COLLINS
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

ANTHONY D'ITALIA
CHAIRMAN

Two-Year Home Improvement Contractors License Application Instructions
Application Must Include the Following Requirements & \$200.00 Fee:

*** NOTE:** *You will not receive renewal notification if you do not provide the Town with an E-mail address.*

- ☐ **APPLICATION** must be completed in its entirety and notarized signature.
- ☐ **ATTACH** a copy or copies of Vehicle Registrations.
- ☐ **GOVERNMENT-ISSUED PHOTO ID**
In addition to the passport picture on page 4 an individual photo copy of a valid Photo ID must be submitted (ex. Driver's licenses, identity cards or a passport)
- ☐ **COMPLETE AND ATTACH -** [Open Government Disclosure Form](#)
- ☐ **IF YOUR BUSINESS IS A:**
 - ☐ **Sole Proprietorship** –include a Business Certificate from Suffolk County Reflecting D/B/A for business name applied for. A photocopy may be submitted if it includes both letter and certificate;
 - ☐ **Partnership** – include documentation of Articles of Partnership/Business Certificate stating partnership information;
 - ☐ **Corporation/LLC** – include a Certificate of INC/LLC or Article of Organization, with Receipt from State, or letterhead/invoice embossed with the corporate/LLC seal stamp.
- ☐ **ATTACH -** a Certificate of Liability Insurance "ACORD" certificate listing the Town of Southampton as Certificate Holder. Said Certificate shall contain a statement that in the event the insurance policy is cancelled (not renewed), lapses or is changed, at least fifteen (15) days prior written notification shall be given to the Licensing Review Board.

Bodily Injury \$100,000.00 per person, \$300,000.00 per occurrence, Property Damage \$50,000.00 each occurrence and aggregate.

Insurance Description: A description of policy coverage, located in the appropriate area on the Certificate of Liability Insurance, is required.

***Ask your insurance carrier for details.**

- ☐ **WORKER'S COMPENSATION.INSURANCE COVERAGE REQUIRED AS FOLLOWS:**

Workers Compensation FORM: U26.3 or CE-200 ONLY

In accordance with New York State regulations, Workers Compensation is required if you employ one or more persons. Incorporated businesses without Workers Compensation may be eligible for an exemption: Please visit: www.wcb.state.ny.us for a CE-200 exemption form print-out and more information from New York State.

Certificate holder will be listed as: **Town of Southampton, Suffolk County, 116 Hampton Road, Southampton, NY 11968**

* Notarized letter from Contractor attesting you will get Worker's Compensation when hiring workers.

HOME IMPROVEMENT CONTRACTOR
NEW LICENSE APPLICATION
FEE \$200.00 Payable to: Town of Southampton

FOR DEPARTMENT USE ONLY

Receipt No. _____	Application Date _____
License No. _____	Issue Date _____
	Expiration Date _____

1. Business Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone No.: _____

Email address: _____

***NOTE: You will not receive renewal notifications if you do not provide the Town with an EMAIL address.**

Contractor Name (Individual applying for license): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone No.: _____

2. What type of business are you seeking a license for? _____

(Note: Provide proof of New York State D.E.C. Certification if your business uses chemicals such as landscape, fumigation)

3. Is your Home Improvement Business a:

☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

4. If your business is a Partnership, please list all partners:

5. If your business is a Corporation, please list all officers:

President _____ Vice President _____
 Secretary _____ Treasurer _____

6. Have you ever been licensed in the Town of Southampton under this or any other business name/number? ☐ No ☐ Yes

If yes, please list said business information.

Company Name _____ License No. _____

7. Have you been self-employed during the last five (5) years? ☐Yes ☐No

If NO, please list the two most recent employers:

1. Name: _____ Address: _____
City: _____ State: _____ Telephone No.: _____

2. Name: _____ Address: _____
City: _____ State: _____ Telephone No.: _____

8. Within the last three (3) years, have you had an occupational license denied, suspended or revoked **or** had any filed complaints against individuals/officers of said business under present or former name? ☐No ☐Yes

* If yes, please state the name of the business and in specific terms provide an explanation of the date, nature and disposition of said complaint on the reverse side of application marked additional information sheet.

9. Have you ever been convicted of a crime or violation of law other than a traffic violation? ☐No ☐Yes

* If yes, please complete the reverse side of application marked additional information sheet.

10. Must list Business Bank Account information below:

Title of Account and Name of Bank: _____
Address: _____ City: _____ State: _____

11. Must list two (2) Trade references (where you purchase your trade materials) below:

Name of Trade Company: _____ Acct Type: _____
Address: _____ City: _____ State: _____

Name of Trade Company: _____ Acct Type: _____
Address: _____ City: _____ State: _____

12. Are there any liens or judgments on file in New York State against you or your business?

☐No ☐Yes

If yes, please list and briefly explain below:

13. I **have had** the following occurrences mentioned below.

(Check all that applies and answer questions A-E)

- | | |
|---|--|
| <input type="checkbox"/> License denied. | <input type="checkbox"/> License revoked. |
| <input type="checkbox"/> License suspended. | <input type="checkbox"/> A complaint against yourself or your business. |
| <input type="checkbox"/> Committed any crime or violation of law. | <input type="checkbox"/> Have/Had judgment(s) against yourself or your business. |

☐ I **have never** had any of the above occurrences

- A. Please list the business name and classification of license that was denied, suspended or revoked and the date and reason for same.

- B. Was the license reinstated?

☐ No

☐ Yes – IF YES, ATTACH A COPY OF THE REINSTATEMENT
CORRESPONDENCE.

- C. Please list any complaints that have been filed against you or your company under any present or former business name(s) in the last three (3) years. Clarify the nature and disposition of said complaint in a brief but detailed explanation.

- D. Please list and clarify the nature of any crimes or violations of the law relating to your business for which you have been charged **and** attach any disposition correspondence of same.

- E. Disputed judgments and/or complaints in negotiation are explained as follows:

Note: False statements made herein are punishable as class “E” felonies pursuant to section 175.35 and section 210-45 of the Penal Law, State of New York.

State of New York }
County of Suffolk }

I, _____, being duly sworn, depose and say:

Print name

I certify that all of the answers on this application are true and correct. I also certify that all Plumbing and Electrical work performed as part of any contract negotiated by me or my agents will be done by only the holders of a valid Suffolk County License, where applicable.

Signature of Applicant

Date

Signature of Partner
Sworn to me this

Date

_____ day of _____, 20____.

Notary Public

**Attach Passport
Photograph Here**

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VEHICLE STICKER APPLICATION

HOME IMPROVEMENT/PLUMBING CONTRACTORS

Business Name: _____ Email Address: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone No.: (_____) _____

Email Address: _____ Fax no: _____

Town of Southampton Home Improvement Contractor License Number: _____

OR

Town of Southampton Registration Certificate Number (Plumbing Contractors) _____

Please list all vehicles used and/or associated with your business:

COPY(IES) OF REGISTRATION(S) MUST BE SUBMITTED WITH YOUR REQUEST.

**** APPLICATIONS WITHOUT REQUIRED PAPERWORK WILL BE RETURNED AS INCOMPLETE.**

Vehicle Identification Number

License Plate Number
